

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF CLARE NELSON DEFENDANT BARBARA WOODFORD	COURT CASE NUMBER 06-6485 JL
	TYPE OF PROCESS Summons, Complaint, Order

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SERVE AT { **Housing Authority, Santa Cruz County**
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 2931 Mission, Santa Cruz, CA 95060

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
Clare Nelson 1350 Irving Street, #235 Denver, CO 80204	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	415-522-3080	3/21/07

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 11	District to Serve No. 11	Signature of Authorized USMS Deputy or Clerk	Date 3/22/07
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy		

Service Fee \$800	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges \$800	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: Mailed 299 on: 03/28/07

RECEIVED ACKNOWLEDGED 4/16/07

PRINT 5 COPIES: 1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

United States District Court
NORTHERN DISTRICT OF CALIFORNIA

CLARE F. NELSON

SUMMONS IN A CIVIL CASE

CASE NUMBER: CV 06-06485 MEB

v.

BARBARA WOODFORD

TO:

BARBRA WOODFORD
5540 Grantway
Felton, CA 95018-9259

HOUSING AUTHORITY
Santa Cruz County
2931 Mission
Santa Cruz, CA 95060

YOU ARE HEREBY SUMMONS and required to serve upon PLAINTIFF'S ATTORNEY

Clare Nelson
1350 Irving Street, #235
Denver, CO 80204

an answer to the complaint which is herewith served upon you, within **20** days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Richard H. Wicksing
CLERK

March 21, 2007
DATE

Gloria Acevedo
(BY) DEPUTY CLERK

RETURN OF SERVICE

DATE

Service of the Summons and Complaint was made by me ¹

Name of SERVER (PRINT)

TITLE

Check one box below to indicate appropriate method of service

Served Personally upon the Defendant. Place where served: _____

Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____

Returned unexecuted: _____

Other (specify): See Remarks 285

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 07/13/07
Date

Kelly
Signature of Server

450 Golden Gate
Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.



United States Department of Justice
 United States Marshals Service
 Northern District of California

P.O. Box 36056
 450 Golden Gate Ave.,
 San Francisco, CA 94102

United States District Court
 for the
 Northern District of California

Civil Action File No. 06-6485JL

Clare Nelson
 Plaintiff (s)

V.

Barbara Woodford.
 Defendant (s)

NOTICE

To: Barbara Woodford

The enclosed summons, complaint, two copies of this document and stamped return envelope are served pursuant to Federal Rule of Civil Procedure 4(e)(1) and California Code of Civil Procedure Section 415.30. Your Failure to complete this form and return it to the sender within 20 days may subject you (or the party on whose behalf you are being served) to liability for the payment of any expenses incurred in serving a summons on you in any other manner permitted by law.

If you are being served on behalf of a corporation, unincorporated association (including a partnership), or other entity, this form must be signed by you in the name of such entity or by a person authorized to receive service of process on behalf of such entity. In all other cases, this form must be signed by you personally or by a person authorized by you to acknowledge receipt of summons. If you return the form as requested, California Code of Civil Procedure Section 415.30 provides that this summons and other document (s) are deemed served on the date that you sign the Acknowledgment of Receipt below.

Date: March 28, 2007

R. Wong #61
 (Signature of Sender)

ACKNOWLEDGMENT OF RECEIPT

(To be completed by recipient before mailing.) This acknowledges receipt of a copy of the summons and of the

complaint at 5540 GRANT WAY, FELTON CA / CURRENT MAILING ADDRESS
 (Please insert address) PO BOX 1562
MOUNTAIN VIEW CA 95092

Date of receipt: 4-7-07

Barbara E. Woodford
 (Signature of person acknowledging receipt, with title
 if acknowledgment is made on behalf of another
 person)

Date this form is signed: 4-9-07

Barbara E. Woodford
 (Type or print your name and name of entity, if any,
 on whose behalf this form is signed)